



DE 1545

NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM

\*RULING REQUESTS MUST BE POSTMARKED BY

YOUR ACCOUNT NO.

BR. NO.

00

PREDECESSOR ACCOUNT NO.

CLAIM DATE

**\*IF INFORMATION ABOUT WAGES IS CORRECT AND YOU DO NOT WISH TO REQUEST A RULING, NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.**

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME

NAME WAGES REPORTED UNDER

SOCIAL SECURITY NUMBER

OTHER SOCIAL SECURITY NUMBER

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM

\$	\$	\$	\$

TOTAL WAGES  
REPORTED BY YOU

CA

\$

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM .....

\$

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR RESERVE ACCOUNT IS .....

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$ TO A MAXIMUM BENEFIT AMOUNT OF .....

\$

**RULINGS:** To request a ruling, supply the information below and mail to the address in the upper left corner.

1. Give date(s) of separation(s) and rehire(s) (if any) during quarters used to establish this claim.

Separation(s) Date(s)

Rehire(s) Date(s)

2. Did the claimant notify you that he/she quit?

Yes ☐

No ☐

3. Give complete details about separation

The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME

DATE

SIGNATURE

PHONE NUMBER

( )

**FOR DEPARTMENT USE ONLY**

DATE \_\_\_\_\_

SSN \_\_\_\_\_

DOCUMENTS MADE PART OF RECORD

CLMT NAME \_\_\_\_\_

ER PROTESTED DATE \_\_\_\_\_

☐ TIMELY

☐ UNTIMELY

☐ DE 3977

☐ DE 4463

☐ DE 4464

☐ DE 4465

Employer Statement

Claimant Statement

Reason for Favorable Ruling

BDG Reason for Decision \_\_\_\_\_

☐ Part-Time

☐ Favorable

☐ Unfavorable

Accepts other Employment \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Department Representative (Print Name)

**FOR DEPARTMENT USE ONLY**